

2826 CC
Attorney Docket No.: 01901071

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Janesick, J.
SERIAL NO.: 10/057,731 FILED: January 24, 2002
FOR: Imager Cell With Pinned Transfer Gate

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET | 110.00 | 55.00 | \$ 110.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00 | 210.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 950.00 | 475.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00 | 740.00 | \$ |

- ☒ TOTAL EXTENSION FEE \$ 110.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:


| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|---------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 48 | MINUS **71 | * = 0 | x 18 | x 9 | \$ |
| INDEPENDENT | 6 | MINUS ***9 | * = 0 | x 86 | x 43 | \$ |
| First presentation of multiple dependent claim | | | | + 290 | + 145 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ ____

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/13/03

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450

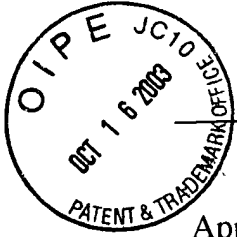
Date of Deposit: 10/13/03

Lori Llave
Name of Person Mailing Paper and/or Fee

Lori Llave 10/13/03
Signature Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant(s): Janesick, J.

Group Art Unit: 2826

Application Serial No.: 10/057,731

Examiner: DICKY, T. L.

Filed: January 24, 2002

Title: Imager Cell With Pinned
Transfer Gate

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment and Response is submitted in response to the Office Action dated July 8, 2003, in the above-referenced patent application. Please enter and consider the following amendments and remarks.

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